

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031836

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 174

FILED SEP 12 1963

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN Kennett Mo.	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Presnell Hospital		d. STREET ADDRESS (If outside, give location) 1404 N. Linden Circle	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edna Middle Morris Last Morris		4. DATE OF DEATH Month Sept. Day 4th. Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-20-1911
9. AGE (last birthday) 52		IF UNDER 1 YEAR Months 11 Days 15 Hours 21 Min. 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Upholstery Shop	
11. BIRTHPLACE (City and state or country) Near Kennett		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Bodie Thompson		13b. MOTHER'S MAIDEN NAME Delia Brown	
14. NAME OF HUSBAND OR WIFE Henry E. Morris		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. XX	
16. SOCIAL SECURITY NO. XX		17. INFORMANT Henry E. Morris Kennett Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Papillary adenocarcinoma of ovary generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 18 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7.05 A. Month, Day, Year 9-4-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kennett Mo.		
21. I attended the deceased from 3-1-62 to 9-4-63 and last saw her alive on 9-4-63 Death occurred at 7.05 A. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H.C. Wilson (Degree or title) M.D.	
22b. ADDRESS Kennett Mo.		22c. DATE SIGNED 9-10-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-6-1963	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Kennett Mo.
24. FUNERAL DIRECTOR Lentz Service	ADDRESS Kennett Mo.	25. DATE RECD. BY LOCAL REG. 9-11-1963	26. REGISTRAR'S SIGNATURE Carl H. Hunsicker

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED	ITEM NO.
10355		
20355		
3		
4 1		
5 1		
6		
7 0		
8 0		
9 175.0		
10		
11		
12 3-0		
13 5-0		

SEP 24 1963

DEC 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

- Signature of Student Embalmer

Signed

Edgar Lee Ford

Licensed Embalmer No. 4433.

P. O. Address Kennett Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.